



**FREE OF COST**  
**(TO BE FILLED BY THE APPLICANT)**

**PLEASE PROVIDE COMPLETE INFORMATION/ DOCUMENTS TO AVOID DELAY**

**SUI SOUTHERN GAS COMPANY LIMITED**  
**SALES DEPARTMENT**

**RLNG APPLICATION FORM**

**FOR SUPPLY OF GAS FOR:**

**PLEASE MARK  FOR REQUIRED CONNECTION**

**INDUSTRIAL**       **POWER GENERATION**       **ENHANCEMENT**

Registered Name of the firm/ company \_\_\_\_\_

Type of Firm/Company (whether Partnership, Sole Proprietorship, Private or Public Ltd. Co.) \_\_\_\_\_

Address where gas is required \_\_\_\_\_

Category of Plot (Domestic/Commercial/Industrial) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Correspondence address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name(s) Residential address(es) of Proprietor, Partner or Directors \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person's \_\_\_\_\_ Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Timing when contact person is available \_\_\_\_\_

National Identity Card Number \_\_\_\_\_

National Tax Number \_\_\_\_\_

Product line(s) & brand name (s) \_\_\_\_\_

Approximate date when gas is required \_\_\_\_\_

Type of fuel used at present. (Furnace Oil/ Diesel/ KESC) \_\_\_\_\_

Quantity of Fuel used per month \_\_\_\_\_

(Please give last 12-month average, in Tons, Liters, or KWs/month) ( If Available) \_\_\_\_\_

What alternate fuel arrangements have you made/ proposed to make for use during gas shortage periods. \_\_\_\_\_

Whether previously applied for Gas Connection? \_\_\_\_\_

Was there any gas connection previously on this plot, if YES give details (Name & A/c. No.) \_\_\_\_\_

Is gas burning equipment available at factory? \_\_\_\_\_

If not, when is it expected to be installed? \_\_\_\_\_

Any other information that you may want to give. \_\_\_\_\_

Future Expansion Program/ Details of Burning Equipment with requirements in next 5-years (if available) \_\_\_\_\_

(Note: This is information is required for Planning purpose only.) \_\_\_\_\_

**TO BE FILLED IF GAS IS REQUIRED FOR INDUSTRIAL/COMMERCIAL USE.**

S. #	Details of Gas Burning Equipment's	No. & Size of Equipment's	Hours of Daily Operations	Remarks
1-				
2-				
3-				
4-				
5-				

**IN CASE OF RE-CONNECTION (FINALLY BILLED CONSUMER).**

1-	Consumer No.	_____
2-	Date of Disconnection	_____
3-	Reasons of Disconnection	_____
4-	GSD held before Disconnection	_____
5-	Dues Cleared (Enclose Receipt)	_____

**TO BE FILLED IF GAS IS REQUIRED FOR CAPTIVE POWER GENERATION.**

A-	Type of Equipment (Gas engine, Dual fuel engine, gas turbine or any turbine or any other type)	
B-	Hours of Daily Operations	
C-	No. of Units proposed	
D-	Generating Capacity of each unit	
E-	Total Installed Capacity KW	
F-	Total Generation in KW per day/24 Hrs.	
G-	Gas Consumption per KW Generation in Cft	
H-	Gas Consumption per hour in Cft, at full capacity	
I-	Gas Consumption for total Generation in 24 hours in Cft	
J-	Power Generation will be used for Self-Use or Selling or Both In case Power Generation is to be partly used for self and partly for Sale, please provide details.	
K-	Future expansion program / Addl. Gas load in Cft per Hour.	
L-	Type of Main product.	
M-	Production Capacity per annum.	
N-	Average Monthly consumption during last 6 months.	

